AIDS control policy

1299. SHRI EDUARDO FALEIRO: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are adopting a lopsided policy for AIDS control by denying required care to HIV/AIDS infected people, particularly women and children;

(b) the distribution of HIV/AIDS infections State and gender, including children and adolescent population-wise; and

(c) whether Government are paying exorbitant sum to outside Non-Governmental agencies for monitoring and evaluating AIDS control programmes contrary to the requirement of the same to be conducted by the National Institute of Health and Family Welfare, which has also its State units, if so, the details thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRIMATI SUSHMA SWARAJ): (a) No, Sir.

(b) National AIDS Control Organisation conducts each year, an annual round of HIV sentinel surveillance to track the trends and estimate the burden of HIV infections in the adult population in age group of 15-49 years age group. Based on data from Round 2002, the estimated number of HIV infections in the country ranges from 3.82 million infections to 4.58 million infections. Males contribute 61.5% while females contribute 38.5% of these infections. A statement showing the State-wise HIV prevalence in various risk-groups during year 2002, is given in the enclosed Statement (*see* below).

(c) No, Sir. Monitoring and Evaluation (M&E) of various activities and impact of the National AIDS Control Programme (NACP) is a built-in component of the NACP-Phase II. This involves conducting various activities like making supervisory visits by officials of State AIDS Control Societies and National AIDS Control Organisation, to the States and peripheral units, evaluating the performance of the Targeted Interventions, using a Computerised Management Information System (CMIS) for better programme management of three rounds of the nation-wise Behavioural Surveys among general population and high-risk groups, involvement of

various organisations and functionaries to carry out these Monitoring and Evaluation functions.

The services of the National Institute of Health & Family Welfare are also used for supervision and monitoring of programme activities like HIV sentinel surveillance. For developing the CMIS and for conducting Baseline Behavioural Surveys, an external agency M/s. ORG Marg was hired after going through an International Competitive Bidding (ICB) process to ensure that an external agency conduct this activity, impartially, as per the guidelines.

Statement

HIV prevalence levels State wise: 2002

Sl. No.	Name of State/UT	HIV Prevalence rate (%)
1.	Andhra Pradesh	30.40
		1.25
2.	Arunachal Pradesh	0.00
		0.00
3.	Assam	0.75
		0.00
4.	Bihar	1.60
		0.25
5.	Chhattisgarh	0.80
		0.25
6.	Delhi	3.23
		0.25
		7.20
7.	Goa	11.29
		1.38
		24.00
8.	Gujarat	6.17
		0.38
9.	Haryana	1.14
		0.38
10.	Himachal Pradesh	0.40
		0.00
11.	Jammu & Kashmir	0.95
		0.08

Sl. No.	Name of State/UT	HIV Prevalence rate (%)
12.	Jharkhand	0.13
		0.00
13.	Karnataka	13.60
		1.75
		2.26
14.	Kerala	2.45
		0.38
15.	Madhya Pradesh	2.35
		0.00
16.	Maharashtra	7.60
		1.25
17.	Mumbai	14.84
		0.75
		39.42
		16.80
		54.50
18.	Manipur	39.06
		9.60
		1.12
19.	Meghalaya	0.00
		0.90
		0.00
20.	Mizoram	1.60
		2.60
		1.50
21.	Nagaland	10.28
		2.42
		1.25
22.	Orissa	0.8[illegible]
		0.25
23.	Punjab	1.60
		0.49
24.	Rajasthan	6.00
		0.50
25.	Sikkim	0.00
		0.13

Sl. No.	Name of State/UT	HIV Prevalence rate (%)
26.	Tamil Nadu	14.7
		0.88
		33.80
		2.40
27.	Tripura	1.40
		0.00
28.	Uttar Pradesh	0.80
		0.25
29.	Uttaranchal	0.26
		0.23
30.	West Bengal	0.47
		0.00
		1.50
31.	A&N Islands	2.60
		0.00
32.	Chandigarh	0.80
		0.25
33.	D&N Haveli	-
		1.00
34.	Daman & Diu	-
		0.22
35.	Lakshadweep	0.00
		0.00
36.	Pondicherry	2.02
		0.25

Satellite based tele-medicine facilities

1300. DR. K. KASTURIRANGAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the satellite based telemedicine facilities set up in certain interior and remote parts of the country are effectively reaching super speciality health care to the poor and needy people;

(b) whether Government have plans to expand such telemedicine networks in the country; and